

Testimony before the Program Investigations and Review Committee

March 7, 2013

In Support of

Raised H.B. 6517 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING THE INSURANCE DEPARTMENT'S DUTIES, MENTAL HEALTH PARITY COMPLIANCE CHECKS AND THE EXTERNAL REVIEW APPLICATION PROCESS.

Senator Kissel, Representative Mushinsky and members of the Program Review and Investigations Committee. My name is Pam Theroux from Voluntown, CT, and I have a 17 year old son diagnosed with bipolar disorder, anxiety disorder, and OCD. I urge you to support HB 6517 to hold private insurance companies accountable for offering policies that comply with federal and state mental health parity laws by requiring the Connecticut Insurance Department to check for such compliance. I will share with you the story of fighting to get care for my son, which would have been a shorter and more readily success story if insurance policies actually covered mental health services at parity. Hopefully my testimony will make a difference for other families who are struggling to get care for their loved ones through private insurance plans.

My son began experiencing these difficulties very suddenly in 2006. Since that time he has been hospitalized inpatient 5 times, been in PHP (partial hospitalization) 4 times, IOP (intensive outpatient) 3 times, EDT (extended day treatment) once, spent 6 months in a residential treatment center, and has received a variety of in home services. Currently he attends a therapeutic day school and is doing very well. This has been a very long and difficult journey for our entire family, but it has been made so much more difficult by the insurance companies.

One of the most unfortunate parts of this story is that most of this could have been avoided if the doctors and professionals were allowed to treat me son the way they felt was necessary instead of being dictated to by the insurance company. Each and every one of the treatments my son has been part of were dictated by the insurance company who never met my son, were not doctors, and were only guided by dollars.

When my son went to the hospital for the first time we were terrified, but so hopeful that possibly they would find a solution. It was clear he needed a different medication combination, and we thought that at the very least they would get him stable and able to come home and be safe. What happened instead is that the night we walked into the hospital we were given a discharge date before anyone had even looked at him. They kept him safe, took him off the medicine that was causing him to be suicidal, and upped one of the other meds. The real problem here was that by the time they saw him and made decisions on what to do it was already at the end of his time there and he was sent home one day after a major medication change. We asked why and were told it was all the insurance would allow.

This is where the story could have taken a major turn. Upon discharge he returned to PHP, but he became sicker and sicker and it was obvious the meds weren't right and that he needed greater help.

The PHP recommended intensive in-home treatment called ICAPPS, everyone on his team agreed, but this program is only available in this state if you have DCF Voluntary Services or Husky insurance. Instead of getting him the help he needed they were forced to discharge him. We ended up with a child that was completely unstable and incorrectly medicated with no help at all. We looked at the other intensive in-home program available, but that also was only available through DCF Voluntary Services. To get Voluntary services would take months and he needed the help right then and there. **Because we were a middle income family that carried insurance on our children we were unable to get the services that we could have gotten if we were poor or mistreated our child. THIS IS WRONG!** We were paying \$700 a month just for his insurance yet we couldn't get him the help he needed. We started the process of getting Husky and DCF Voluntary Services, but as predicted it would be months before we could get either of them, and it was too late to save from months and months of revolving doors and revolving programs with no help.

He started a vicious cycle of going to the hospital for 2-3 weeks (before the insurance would insist he be discharged) home for a month and right back in. We took him to a different hospital thinking it was their fault he was discharged before ready and on the wrong meds, but found out very quickly it was not the fault of the hospital it was insurance that was dictating things. He was increasingly more dangerous to himself and others, but worst of all he was becoming hopeless. At each hospital stay the same thing: take him off one medication and start another without enough time to see if either were the right choice and send him home as soon as he said he wasn't suicidal anymore. He would be discharged back to PHP (we even tried different PHP's) they would again say they weren't the appropriate placement for him that he needed in-home services, but they were unable to get them. Around this time the insurance company must have decided that he was costing too much because this is when even our outpatient services became a problem. He would be discharged from inpatient to PHP and within the week we would have a discharge date from PHP even though all doctors and counselors said he needed to be there and could not function with weekly counseling. I started calling the insurance company and telling them personally what was going on. I learned that if I called and begged and cried I could get one more day. I did this every day for months to try to get him the care he needed.

Finally, the hospital fought with the insurance for me and refused to send him home. During that stay we were able to get both Husky and DCF Voluntary services and he finally started to receive real treatment. They were able to try a variety of medicines, but still were unable to stabilize him and it was determined he would go to a residential program. This was a huge turning point for him. He really received the treatment that he needed and finally came home stable for the first time in three years.

Getting Husky insurance and DCF Voluntary changed everything. We now had access to all the services that he had needed all along, and he continued to do well. Since then we have had several different in-home services, and only one hospitalization in the last two years. This hospitalization was still a struggle, but it was different because Husky has a different philosophy than other insurances. They believe that the patient should be treated as long as necessary so that he is stable and hopefully doesn't return to the hospital. We still fought for him to stay longer because all outpatient counselors and outpatient psychiatrist wanted a complete med wash, but that would have required at least one

month and probably closer to three months in patient and the insurance would not ok that. Still we have had so much more success with Husky, and he is more stable now he has ever been.

The real shame here in this story is that in every one of these cases the insurance company has been able to tell the doctors, counselors, and other professionals how to treat our son. What other illness do you go into the hospital and have the insurance company tell the doctor how to treat. No matter how serious or minor the illness when you go to the hospital the doctor decides how to treat you and how long you will be staying. NOT THE INSURANCE COMPANY. Why is it ok that insurance companies are able to dictate the care of mental illness? Mental illness is an illness like any other illness that affects your body yet it is treated entirely differently. It is wrong that insurance has any say at all in how long a patient stays and what treatment they receive. This should be left to the professionals that are capable and trained to make these decisions. I aggressively fought to get the right care for my child each and every day. How many other children are out there with parents that do not have the knowledge or time to fight this fight with their insurance company? What happens to those children? Who is protecting them?

I urge you to support this bill and ensure that private insurance plans cover mental health services at parity to ensure that those who need services can receive them when they need them to lead successful lives and be vital participants in our communities.

Thank you for your time and considering my request.